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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/446,342 02/10/2003
 and claims benefit of 60/449,188 02/21/2003
 and claims benefit of 60/446,300 02/10/2003
 and is a CIP of 10/680,705 10/07/2003 ABN
 and is a CIP of 10/702,104 11/04/2003
 which is a CIP of 09/996,662 11/29/2001 PAT 6,648,904

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
 05/10/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and /HENRY M.JOHNSON III/ Acknowledged		Initials	MA	39	46	1

ADDRESS

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TITLE

Multi-wavelength oral phototherapy applicator

FILING FEE RECEIVED 1684	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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